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57385 7590 08/09/2011

**KILPATRICK TOWNSEND & STOCKTON LLP / AMAT**  
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Kristina Alvarez

(Depositor's name)

/Kristina Alvarez/

(Signature)

November 8, 2011

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/893,917	07/11/1997	KARL A. LITTAU	AM2119/T2130	8435

**TITLE OF INVENTION:** REMOTE PLASMA CLEANING SOURCE HAVING REDUCED REACTIVITY WITH A SUBSTRATE PROCESSING CHAMBER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$150+\$1740	\$0	\$0	---\$1740	11/09/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZERVIGON, RUDY	1716	156-345000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of a Customer Number is required.**

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilpatrick Townsend

&amp; Stockton LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

APPLIED MATERIALS, INC.

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fees, any deficiency, or credit any overpayment, to Deposit Account Number 20-1430. (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature William L. ShafferDate November 8, 2011Typed or printed name William L. ShafferRegistration No. 37,234

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